

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD  
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007  
PHONE (602) 364-1PET (1738) FAX (602) 364-1039  
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RECEIVED  
APR 23 2018  
BY:

**COMPLAINT INVESTIGATION FORM**

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

**FOR OFFICE USE ONLY**

Date Received: April 23, 2018 Case Number: 18-104

**A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:**

Name of Veterinarian/CVT: Carlton Huitt, DVM  
Premise Name: VCA.Paradise Valley Emergency Animal Hospital  
Premise Address: 6969 East Shea Blvd., Suite 150  
City: Scottsdale State: AZ Zip Code: 85254  
Telephone: (480) 991-1845

**B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT\*:**

Name: Karen M. Smith  
Address: [REDACTED]  
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]  
Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

\*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

**C. PATIENT INFORMATION (1):**

Name: Sir Nathan

Breed/Species: Dalmatian Mix

Age: 4 Sex: Male Color: Black and White

**PATIENT INFORMATION (2):**

Name: N/A

Breed/Species: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

**D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:**

*Please provide the name, address and phone number for each veterinarian.*

Carlton Huitt, DVM  
VCA Paradise Valley Emergency Animal Hospital  
6969 East Shea Blvd., Suite 150  
Scottsdale, AZ 85254  
480-991-1845

**E. WITNESS INFORMATION:**

*Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.*

Christine Lore  
VCA Paradise Valley Emergency Animal Hospital

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Attestation of Person Requesting Investigation**

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Karen M Smith

Date: April 19, 18

**F. ALLEGATIONS and/or CONCERNS:**

*Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.*

At about 2:15 am on Friday March 9, 2018, I brought my dog Nathan into the VCA Paradise Valley Emergency Animal Hospital. He had been coughing for the past couple of days and now he was panting faster than normal. Nathan had woken me up to go outside to piddle. After he did so, he laid down on the patio which he has never done before. This is when I decided to take him to the emergency hospital.

Christine Lore did the preliminary exam, collecting information from me and Nathan's vitals. (Please note that the medical record states that his gums had been bleeding for the past two days. I do not why that statement was included, because it is NOT correct.) When she was done, Dr. Huitt came in to examine Nathan. He explained to me that he wanted to take x-rays to gather more information. I was given an estimated bill to sign giving my approval, which I did. This estimate included the x-rays and a charge for a radiologist among other items. After I signed the approval Dr. Huitt took Nathan in for the x-rays. Afterwards Dr. Huitt came out and told me that he had looked at the x-rays and that Nathan had bronchitis and some tracheal distress. He told me that he was giving me medications that I would need to give Nathan. He also recommended that I get Nathan a harness instead of using a collar. Dr. Huitt also mentioned that he had NOT sent the x-rays to the radiologist because they were "easy to read".

The next night (Saturday March 10, 2018 very early in the morning) Nathan was still coughing and panting fast. I called the VCA Paradise Valley Animal Clinic and told them what was going on. They said IF I wanted to bring him back in, that I would need to take him to another clinic because their doctor just went into surgery. To help me make the decision of whether to take him back to the emergency clinic, I read through the medical report I was given the night before. Under the Discharge Instructions it stated that, "It will take several days for him to recover from this infection." After reading this I was still concerned, but due to the information provided by Dr. Huitt, who would know better than I, I decided that Nathan would be alright. When I woke up Saturday morning, NATHAN WAS DEAD! My four year old, basically healthy, beautiful, wonderful, loving fur baby Nathan was gone! I AM COMPLETELY DEVESTATED! To lose him at such a young age is unbelievable. What makes it worse is to not know why or how he died. From what I understand, it is highly unusual for a dog to die from bronchitis. I have been unable to get a reason for his death. From my experience, a radiologist always reads the x-rays. But a radiologist did NOT read Nathan's x-rays and I have been told that that is not standard protocol. After all why would a radiologist fee be on the estimated bill that I had signed? What would have happened if they were read by a radiologist? Did Dr. Huitt miss something? I understand that I may never know what killed my Nathan, but hopefully NO ONE else will have to go through this experience.

Copies of Nathan's medical records and the receipt from the VCA Paradise Valley Emergency Animal Hospital are attached.

Thank you in advance for your time and consideration.



Sir Thomas

5/6/2018

This statement is in regard to Nathan Smith, 4 year old Dalmatian mix owned by Karen Smith.

Mrs. Smith presented on 3/9/18 at 2:15 am with Nathan for the complaint of coughing and lethargy. He had been coughing for approximately two days. He was on heartworm preventative and no other medications. On physical exam he was bright and alert and moving readily around the exam room. He had a dry honking cough which was exacerbated with tracheal palpation. Otherwise his physical exam was unremarkable. An estimate was prepared for Chest and abdominal radiographs, chemistry panel, and Pt/PTT (based on Christine's history relating bleeding gums).

Radiographs were obtained and I did not see any overt signs of pneumonia, but I did see signs an increased mixed bronchiolar pattern presumably bronchitis. I returned to the exam room to go over the x-rays with Mrs. Smith. At that point, I questioned her about possible rodenticide exposure and the bleeding gums. The client denied any concern about bleeding gums and said that ingestion of rodenticide would be very unlikely. Mrs. Smith relayed to me that although she had approved all of the tests that if I felt we could do without them she would appreciate it and move ahead with treating the pet. I told her I felt fairly confident that we were dealing with a case of tracheal bronchitis but having the radiologist confirm would be a good idea. She said she felt comfortable with my opinion and requested that we initiate treatment for bronchitis. I wanted her to follow up on Saturday to be sure he is responding appropriately. I told her he may need more x-rays and tests if he is not getting better. I cautioned her that if Nathan did not start feeling better fairly soon or if he declined in any way we need to see him again immediately. I also instructed her to have him rechecked by his regular veterinarian on Saturday. (This was early Friday morning). Mrs. Smith seemed to understand that we were still keeping a close eye on Nathan and felt comfortable with the plan moving forward.

I was not aware that Mrs. Smith called back on Friday night/Saturday morning. Our standard protocol for a call from a client with a pet that is having difficulty breathing would be to recommend that they bring the pet right in. If the doctor is in a procedure, the techs are trained to tell the client they can bring the pet in right away but there will be a delay in seeing the doctor because he is in a procedure. If through questioning the client, they feel the pet is in dire straits and can not wait, they would be directed to another emergency clinic in the area.

Thank you,



Carlton D. Huitt DVM



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**INVESTIGATIVE COMMITTEE REPORT**

**TO:** Arizona State Veterinary Medical Examining Board

**FROM:** PM Investigative Committee: Donald Noah, D.V.M. - Chair  
Amrit Rai, D.V.M.  
Adam Almaraz  
Christine Butkiewicz, D.V.M.  
William Hamilton

**STAFF PRESENT:** Tracy A. Riendeau, CVT – Investigations  
Victoria Whitmore, Executive Director  
Sunita Krishna, Assistant Attorney General

**RE:** Case: 18 -104  
Complainant(s): Karen Smith  
Respondent(s): Carlton Huitt, DVM (License: 6002)

**SUMMARY:**

Complaint Received at Board Office: 4/23/18  
Committee Discussion: 8/7/18  
Board IIR: 9/19/18

**APPLICABLE STATUTES AND RULES:**

Laws as Amended July 2014  
(Salmon); Rules as Revised September  
2013 (Yellow)

On March 9, 2018, "Nathan," a 4-year-old male Dalmatian mix was presented to Respondent for coughing and lethargy. Radiographs were performed; the dog was diagnosed with tracheal bronchitis and discharged with Doxycycline and Temaril-P.

The next day the dog's condition worsened. Complainant contacted the emergency facility and was advised the doctor was in a procedure. Complainant read the discharge instructions and elected to monitor the dog as it would take several days for him to recover from the infection. Later that morning, the dog passed away.

Complainant contends Respondent was negligent in the care of her dog.

**Complainant was noticed and appeared.**

**Respondent was noticed and appeared with counsel, David Stoll.**

**The Committee reviewed medical records, testimony, and other documentation as described below:**

- Complainant(s) narrative: *Karen Smith*
- Respondent(s) narrative/medical record: *Carlton Huitt, DVM*
- Witness(es) narrative:

**PROPOSED 'FINDINGS of FACT':**

1. On March 9, 2018, the dog was presented to Respondent on emergency for coughing for 2 days and lethargy. According to Complainant, technical staff wrote in the medical record that the dog's gums had been bleeding for two days which was incorrect.

2. Respondent examined the dog and found a weight = 79.4 pounds, a temperature = 100.9 degrees, a heart rate = 130bpm and a respiration rate = panting. The dog had tacky mucous membranes. Respondent noted that the dog would cough upon tracheal palpation and no other abnormalities were identified. An estimate was prepared for chest and abdominal radiographs, chemistry panel and Pt/PTT; Complainant signed.

3. Once radiographs were completed, Respondent did not see any overt signs of pneumonia, but did see signs of increased mixed bronchiolar pattern, presumably bronchitis. He went over the findings with Complainant. Respondent questioned Complainant about rodenticide exposure and the bleeding gums. She denied any concern about bleeding gums and ingestion of rodenticide would be unlikely. According to Respondent, Complainant stated to him that although she had approved all of the tests that if he felt they could do without them she would appreciate it and move ahead with treating the dog. Respondent advised her that he was fairly confident that they were dealing with a case of tracheal bronchitis but have the radiologist confirm would be a good idea. Complainant felt comfortable with Respondent's assessment and approved treatment for bronchitis.

4. Respondent stated that he wanted Complainant to follow up on Saturday to be sure the dog was responding appropriately. He said the dog could require additional radiographs and tests if he was not improving. Respondent further instructed Complainant to follow up with her regular veterinarian on Saturday. Complainant understood and was comfortable with the plan. Respondent discharged the dog with the following:

- a. Doxycycline 100mg, 20 tablets; give one tablet every 12 hours orally until finished;
- b. Doxycycline 50mg, 20 tablets; give one tablet every 12 hours orally until finished; and
- c. Temaril-P 5mg/2mg, 24 tablets; give three tablets every 12 hours orally for 2 days. Then give 2 tablets orally every 12 hours for 2 days. Then give one tablet orally every 12 hours for 2 days;
- d. Normal diet;
- e. Complete rest. No neck leads or neck pressure. Consider a harness. Please monitor appetite and attitude. It will take several days for him to recover from this infection; and
- f. Make a follow up appointment with your regular veterinarian for Saturday.

5. The next evening, March 10, 2018, Complainant stated the dog was still coughing and panting rapidly. She contacted Respondent's emergency facility to report the dog's symptoms. Staff advised that if she wanted to bring the dog back in, she would need to go to another premise

because their doctor just went into surgery. Complainant read through the discharge instructions and since it said that it could take several days to recover from the infection, she elected to monitor the dog. Later that morning Complainant found the dog dead.

6. Complainant expressed concern that Respondent may have missed something of the radiographs and felt they should have been reviewed by a radiologist.

7. Respondent stated that he was unaware that Complainant called the next day due to the dog's condition worsening. It is protocol that if a client calls with a pet that is having difficulty breathing, they are to be told to bring the pet right in. If the doctor is in a procedure, they are to tell the client to come in but there will be a delay or directed to another emergency facility if the pet is in need of immediate care.

8. Respondent submitted the radiographs to be reviewed by a radiologist. The assessment was:

*Mild bronchial pattern lungs. Differentials for the changes described involving lower airways include previous/chronic as well as current/active bronchial inflammation which could be allergic, infectious and/or parasitic in origin. A transtracheal wash/broncho-alveolar lavage for PCR, cytology as well as culture and sensitivity might be considered if clinically indicated.*

*The possibility of acute bronchopneumonia/aspiration cannot be excluded, as the radiographs changes associated with bronchopneumonia can lag behind the physical findings. Recheck radiographs might be considered in 24 hours if clinically indicated, i.e. respiratory distress, fever, coughing, etc.*

#### **COMMITTEE DISCUSSION:**

The Committee discussed that in this case the dog appeared to be clinically doing well; radiographs were performed and interpreted correctly according to the radiology report. A necropsy was not performed therefore there was no way to know why the dog passed away.

#### **COMMITTEE'S PROPOSED CONCLUSIONS of LAW:**

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

#### **COMMITTEE'S RECOMMENDED DISPOSITION:**

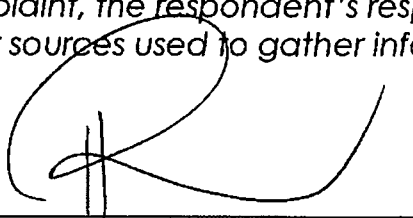
**Motion:** It was moved and seconded the Board:

*Dismiss this issue with no violation.*

**Vote:** The motion was approved with a vote of 5 to 0.



*The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.*

A handwritten signature in black ink, appearing to be 'TRACY A. RIENDEAU', written over a horizontal line.

Tracy A. Riendeau, CVT  
Investigative Division